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CANCER

May 21-22—**Management of Cancer—3rd Annual Workshop.** Institute for Cancer and Blood Research and Century City Hospital Radiation Therapy Center at Riviera Country Club, Pacific Palisades. Saturday-Sunday. 16 hrs. Contact: Howard R. Bierman, MD, Sci. Dir., Institute for Cancer and Blood Research, 140 N. Robertson Blvd., Beverly Hills 90211. (213) 655-4706.

June 3—**DES—Effects of Intrauterine Exposure to Synthetic Estrogens in Female Offspring.** Calif. Dept. of Health, Ad Hoc Advisory Committee on DES and Health Training Centers; Calif. Division, American Cancer Society, at Hyatt Regency Hotel, San Francisco. Friday. 7 hrs. \$35. Contact: E. Fasal, MD, 2151 Berkeley Way, Rm. 704, Berkeley 94704. (415) 843-7900, ext. 656.

June 20-24—**Head and Neck Oncology.** UCLA. Monday-Friday.

August 10—**G. I. Carcinoma.** LLU. Wednesday. 4 hrs. \$25.

September 17—**Clinical Implications of New Diagnostic Techniques—Ultrasound, Cat Scan, Radioisotopes, Clinical Chemistry.** San Francisco Regional Tumor Foundation at Fireman Fund Building, San Francisco. Saturday. 4 hrs. Contact: Norma Schlager, PhD, S.F. Regional Tumor Foundation, 14th and Lake, San Francisco 94118. (415) 221-2132.

October 3-7—**Medical Oncology Review.** American College of Physicians and Huntington Memorial Hospital at Huntington Sheraton Hotel, Pasadena. Monday-Friday. 36 hrs. \$140, ACP members; \$200, nonmembers. Contact: Arlene Ellis, Coord., Med. Staff Affairs, Huntington Mem. Hosp., 100 Congress St., Pasadena 91105. (213) 440-5176.

MEDICINE

May 15-18—**American Thoracic Society—Annual Scientific Meeting.** Hilton Hotel, San Francisco. Sunday-Wednesday. Contact: Mr. S. R. Iannotta, Assoc. Ex. Dir., ATS, 1740 Broadway, New York 10019. (212) 245-8000.

May 18—**Atherosclerosis and Diet: A Practical Pediatric Approach.** American Heart Assn., Greater Los Angeles Affiliate; L.A. Pediatric Society at Bonaventure Hotel, Los Angeles. Wednesday. 6 hrs. Contact: Nancy Brown, AHA, Greater L.A. Affiliate, 2405 W. 8th St., Los Angeles 90057. (213) 385-4231.

May 20—**American Heart Association, California Affiliate—Scientific Sessions for Physicians.** Hyatt House, San Jose. Friday. Contact: Marilyn Probst, Admin. Asst., AHA, Calif. Affiliate, 1370 Mission St., San Francisco. (415) 626-0123.

May 20—**Stomatology.** STAN. Friday. 6 hrs.

May 20-21—**Hematology.** UCSF. Friday-Saturday.

May 21—**EKG Workshop.** PMC at Miyako Hotel, San Francisco. Saturday.

May 21—**Pulmonary Artery Catheters and Ventilators.** PMC. Saturday.

May 27-29—**New Concepts in Clinical Electrocardiography.** American College of Cardiology at Century Plaza Hotel, Los Angeles. Friday-Sunday. Contact: Mary Anne McInerney, Dir., Dept. of Cont. Ed. Prog., ACC, 9650 Rockville Pike, Bethesda, MD 20014.

June 1-July 27—**Review of ACP Medical Knowledge Self Assessment Test IV.** PMC. Wednesdays, 7-10 p.m.

June 6-October 18—**Intensive Review of Recent Advances in Internal Medicine—3rd Annual.** UCLA. Monday evenings.

June 7-10—**Echocardiography—Fundamentals and New Developments in Cardiac Ultrasound.** American College of Cardiology at Town and Country Hotel, San Diego. Tuesday-Friday. Contact: Mary Anne McInerney, Dir., Dept. of Cont. Ed. Prog., ACC, 9650 Rockville Pike, Bethesda, MD 20014.

June 9-11—**Concepts and Controversies in Cardiology—1977.** Hospital of the Good Samaritan and American Heart Assn. of Greater L.A. at Hospital of the Good Samaritan, Los Angeles. Thursday-Saturday. Contact: Janie Sternal, Coord., CME, Hosp. of the Good Samaritan, 616 S. Witmer, Los Angeles 90017. (213) 488-8123.

KEY TO ABBREVIATIONS AND SYMBOLS

Medical Centers and CMA Contacts for Information

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Contact: Continuing Medical Education, California Medical Association, 731 Market Street, San Francisco 94103. (415) 777-2000.
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Contact: Duane Dillman, PhD, Director, Office of Continuing Education, Charles R. Drew Postgraduate Medical School, 1621 East 120th Street, Los Angeles 90059. (213) 564-5911, ext. 391.
- LLU:** Loma Linda University
Contact: Varner J. Johns, Jr., MD, Associate Dean for Continuing Medical Education, Loma Linda University School of Medicine, Loma Linda 92354. (714) 796-7311, Ext. 2400.
- PMC:** Pacific Medical Center
Contact: Martin Brotman, MD, Chairman, Education Committee, Pacific Medical Center, P.O. Box 7999, San Francisco 94120. (415) 563-4321, ext. 2761.
- STAN:** Stanford University
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- UCD:** University of California, Davis
Contact: Neil C. Andrews, MD, Chairman, Department of Postgraduate Medicine, University of California, Davis, School of Medicine, Davis 95616. (916) 752-0328.
- UCI:** University of California, California College of Medicine, Irvine
Contact: Robert Combs, MD, Associate Dean, Continuing Medical Education, University of California, Irvine—California College of Medicine, Irvine 92717 (714) 833-5991.
- UCLA:** University of California, Los Angeles
Contact: Martin D. Shickman, MD, Director, Continuing Education in Medicine and the Health Sciences, P.O. Box 24902, UCLA, Los Angeles 90024. (213) 825-7241.
- UCSD:** University of California, San Diego
Contact: David Allan, MD, Associate Dean for Continuing Medical Education, 1309 Basic Sciences Building, University of California, San Diego, School of Medicine, La Jolla 92037. (714) 452-3708.
- UCSF:** University of California, San Francisco
Contact: Malcolm S. M. Watts, MD, Associate Dean and Director, Extended Programs in Medical Education, School of Medicine, University of California, San Francisco 94143. (415) 666-4251.
- USC:** University of Southern California
Contact: Phil R. Manning, MD, Associate Dean, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 90033. (213) 226-2047.

The response rate has been unreliable when based on clinical associations, cell type of tumor, disease free interval or previous endocrine response.

A test such as tumor estrogen binding, that accurately predicts a response to endocrine ablation is a significant advancement in the selection of patients for such procedures. Measurement of tumor estrogen binding capacity is based on incubating the fresh tumor with radioactive estradiol and determining the binding capacity. Various investigators have determined that in about 50 percent of cases of human breast cancer there is positive binding. In patients with negative binding, few if any responses to endocrine ablation occur. In more than 50 percent of patients with positive estrogen binding, there will be a response following bilateral adrenalectomy and oophorectomy.

A portion of all primary tumors when excised should be stored in liquid nitrogen and sent for estrogen binding determination. Metastatic lesions should also be obtained for estrogen binding determination. Patients with positive estrogen binding should have endocrine ablation (adrenalectomy and oophorectomy) combined with non-hormonal chemotherapy.

MARVIN S. KAPLAN, MD

REFERENCES

- Terenius L, Johansson H, Rimsten A, et al: Malignant and benign human mammary disease: Estrogen binding in relation to clinical data. *Cancer* 33:1364-1368, May 1974
Block, GE, Jensen EV, Polley TZ Jr: The prediction of hormonal dependency of mammary cancer. *Ann Surg* 182:342-352, Sep 1975

Aortoenteric Fistula

WITH THE INCREASED use of prosthetic grafts for repair of aortic aneurysms and occlusive atherosclerotic diseases, aortoduodenal or enteric fistulas are an often fatal and yet potentially correctable complication. The suggested factors in the development of such fistulas include inadequate apposition of the prosthetic graft to the host aorta, failure of interposition of a tissue barrier between the two structures and graft sepsis. Also fistulas have occurred between aortic aneurysms and the duodenum; clearly the prosthetic graft cannot be implicated in all instances. The initial presentation is often in the form of upper gastrointestinal hemorrhage in small amounts and may occur even up to a year after aneurysmectomy. Often a delay in diagnosis is synonymous with a fatal outcome. The mortality rate ranges from 25 to 70 percent. Treatment may be either by circumvention with axillo-femoral bypass or by prosthetic graft replacement. Prosthetic graft replacement, however, is not indicated if the fistula is due to infection. Awareness of the condition in any patient with upper gastrointestinal blood loss and previous prosthetic abdominal aortic graft should lead to early surgical intervention and salvage of an otherwise fatal condition.

JACK H. M. KWAAN, MD
JOHN E. CONNOLLY, MD

REFERENCES

- DeWeese MS, Fry WJ: Small bowel erosion following aortic resection. *JAMA* 179:882-886, Mar 1962
Humphries AW, Young JR, DeWolfe V, et al: Complications of abdominal aortic surgery. *Arch Surg* 86:43-49, Jan 1963

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